



**Church of St. John the Evangelist**  
**2008-2009 Faith Formation Registration**  
 (Grades 1-8 Wednesday evening classes, 6:00-7:00 p.m.)



**I. FAMILY NAME** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

Father's First Name \_\_\_\_\_ Religion \_\_\_\_\_ e-mail \_\_\_\_\_  
 Mother's First Name \_\_\_\_\_ Religion \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_ Father's Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Newcomers to Faith Formation? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Child(ren) live with (check one): Both parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Step Parent/Mother \_\_\_\_\_ Step Parent/Father \_\_\_\_\_  
 Who has authorization to pick up child(ren) other than PARENTS? Name \_\_\_\_\_ Phone \_\_\_\_\_

II. STUDENT NAME Last / First	GENDER m/f	BIRTHDATE	Age/Grade Sept. 1, Grades 1-8	SCHOOL TO ATTEND	RECEIVED:		
					Baptism	1 <sup>st</sup> Recon.	1 <sup>st</sup> Euch
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	_____	Y/N	Y/N	Y/N

\*\*\*SPECIAL NEEDS: Does your child(ren) have any special needs? (hearing, speech, reading disability, A.D.D., other)

\_\_\_\_\_

**III. FEES** Please check those that apply and enclose amount specified. **Make checks payable to: St. John Faith Formation**

\_\_\_\_\_ 1 Child = \$50

\_\_\_\_\_ 2 Children = \$80

\_\_\_\_\_ 3 Children = \$110

\*\*\*Tuition assistance and payment schedules are available upon request. *Tuition credit is given to anyone who teaches.*

\$ \_\_\_\_\_ Enclosed

**If you are a 1<sup>st</sup> year student: Please include a copy of your baptismal certificate with this registration form. Thank you!**

OFFICE USE ONLY: Entered \_\_\_\_\_ Assigned \_\_\_\_\_ Pd/Waiver \_\_\_\_\_ Initials \_\_\_\_\_